#### LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State

Boise, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)

Page of Page(s)
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(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered month ending Jerry Deckard/CapitolWest P. O. Box 953 (Day) 2/5/08 (Mo.) (Yr.) Boise, ID 83701 31 80 Item Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure \*Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers Do Not Have to be Reported Employer No. 4 Employer No. 1 Employer No. 2 Employer No. 3 Entertainment 1.670.00 175.00 40.00 255.00 110.00 Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services 1,670.00 255.00 110.00 175.00 40.00 **Total** \*When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials. Item 2 Date Place Amount Names of Legislators, Public and Executive Officials in Group ✓ Continued on attached page(s) Employer(s) Name(s) and Address(es) INSTRUCTIONS No. 1 Ada County Highway District Who should file this form: Any lobbyist registered under Section 3775 Adams Street, Garden City, ID 83714 ÷ 67-6617 Idaho Code Filing deadline: Monthly reports due within ten (10) days of the No. 2 Associated Logging Contractors, Inc. month for activities of the past month. P. O. Box 671, Coeur d'Alene, ID 83816 TO BE FILED WITH: No. 3 Capitol Racing II Ben Ysursa 4483 N. Dresden Pl. #300, Boise, ID 83714 Secretary of State PO Box 83720

Idaho Prior Appropriation Doctrine Association

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599 W. Bannock St., Boise, ID 83702

# LOBBYIST MONTHLY REPORT FORM





### State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

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| See | iı | nstr | uction | ns | at   | bo  | tto | m | of   | page |   |

| Lobbyist's name and permanent business address  |   |                                       |  |                       | Date prepared Period covered   |                  |                               |            |            |  |
|---|---|---------------------------------------|--|-----------------------|--|------------------|-------------------------------|------------|------------|--|
| Jerry Deckard/CapitolWest   |   |                                       |  |                       |  |                  | 1                             | month en   | ding       |  |
| P. O. Box 953   |   |                                       |  |                       |  |                  |                               | _          |            |  |
| Boi   | se, ID 83701  |                                       |  |                       | 2/5/08   |                  | (Mo.)                         | (Day)      | (Yr.)<br>I |  |
|   |   |                                       |  |                       |  |                  | 1                             | 31         | 08         |  |
| Item<br>1   | Totals of all reportab                                  | ele expenditures made o               | r incurred by Lo                                 | bbyist or             | by Lobbyist's Emplo  | oyer on behalf o | of Lobbyi                     | st's Emplo | yer.       |  |
| Category of Expenditure Reimbursed Personal Living and Travel  *Total Amount for Item 3, at botton                          |   |                                       |  | ributed by each emple | oyer (Identify er  | n ployers,       | under                         |            |            |  |
| Expenses  | Pertaining to Lobbying Activity Not Have to be Reported | All Employers                         | Employer N                                       | 0.15                  | Employer No. 26 Emp  |                  | ployer No. 8 1 Employer No. 8 |            | No. # 8    |  |
| Entertai<br>Food an   | nment<br>d Refreshment                                  | \$                                    | s240   | 0.00 \$               | 125.00   | \$60             | 5.00                          | 5 1        | 20.00      |  |
| Living A  | ccommodations   |                                       |  |                       |  | ****             |                               |            |            |  |
| Advertis  | sing  |                                       |  |                       |  |                  |                               |            |            |  |
| Travel  |   |                                       |  |                       |  |                  |                               |            |            |  |
| Telepho   | ne  |                                       |  |                       |  |                  |                               |            |            |  |
| Other E   | epenses or Services                                     |                                       |  |                       |  |                  |                               |            |            |  |
| Total \$0.00 \$240.0  |   |                                       |  | 0.00                  | 125.00   | <b>s</b> 60      | 5.00                          | ş <u>1</u> | 20.00      |  |
| *When the number of employers you are reporting for requires multiple L-2 forr  |   |                                       |  |                       | s to be filed a total amount for all employers should be entered on Page               |                  |                               |            |            |  |
| Item The totals of each expenditure of more than fifty dollars (\$50) for a le  |   |                                       |  |                       | gislator, other holder of public office, and executive officials.                      |                  |                               |            |            |  |
| 2 Date Place Am   |   |                                       | Amount   | Names of Legisl       | ators, Public and  | Executiv         | e Officials                   | in Group   |            |  |
|   |   |                                       |  |                       | •  |                  |                               |            |            |  |
|   |   |                                       |  |                       |  |                  |                               |            |            |  |
|   |   |                                       |  |                       |  |                  |                               |            |            |  |
|   | ·   |                                       |  |                       |  |                  |                               |            |            |  |
|   |   |                                       |  |                       |  |                  |                               |            |            |  |
|   |   |                                       |  |                       |  |                  |                               |            |            |  |
| <b> ✓</b>   | Continued on attached page(s)                           |                                       |  |                       | <b>!</b>   |                  |                               |            |            |  |
|   | INST  | RUCTIONS                              |  | Item<br>3             | Em   | ployer(s) Name(s | s) and Add                    | lress(es)  |            |  |
|   |   |                                       |  |                       |  | 1 4 - 1          |                               |            |            |  |
| Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code   |   |                                       |  |                       | Mountain View Hospital 2325 Coronado St., Idaho Falls, ID 83404                        |                  |                               |            |            |  |
| Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.  TO BE FILED WITH: |   |                                       |  |                       | No. Z The Pointe, LLC, c/o Jeff Vitek 5850 Avenida Encinas, Ste. A, Carlsbad, CA 92008 |                  |                               |            |            |  |
|   |   |                                       |  |                       | Discouniel - Mar - 11  | al Carter        |                               |            |            |  |
| Ben Ysursa<br>Secretary of State  |   |                                       |  | No. 3                 | No.3 Riverside Medical Center,<br>600 N. Robbins Rd., Ste. 401, Boise, ID 83702        |                  |                               |            |            |  |
|   | PO  | 8                                     | 8 000 14. Robbins Rd., Ole. 401, Boise, 15 00/02 |                       |  |                  |                               |            |            |  |
|   | -   | ID 83720-0080<br>852 Fax: (208) 334-2 | 282  | No.                   | Swisher Interna  |                  | EL 22                         | 206        | 944        |  |
| Phone: (208) 334-2852 Fax: (208) 334-2282   |   |                                       |  |                       | 459 E. 16th St., Jacksonville, FL 32206  |                  |                               |            |            |  |

## LOBBYIST MONTHLY REPORT FORM



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Ben Ysursa Secretary of State To Be Filed By:

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LOBBYISTS (Sec. 67-6619)

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(Type or print clearly in black ink) See instructions at bottom of page

| *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page  Item 2   | Lobbyist's name and permanent business address   |              |                 |                          |               |          | Date prepared Period covered                     |                  |                 |   |              |            |
|--|--|--------------|-----------------|--------------------------|---------------|----------|--|------------------|-----------------|---|--------------|------------|
| P. O. Box 953 Boise, ID 83701    Remitter   Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.    Category of Expenditure   Total Amount for All Employers   | Jerry Deckard/CapitolWest  |              |                 |                          |               |          | month endir                                      |                  |                 |   | ding         |            |
| Totals of all reportable expenditures made or incurred by Lobbyist's Employer on behalf of Lobbyist's Employer.    Category of Expenditure Reinbursed Personal Living and Travel Expense Personal Living and Travel Entertainment Food and Refreshment   S   | P. O. Box 953  |              |                 |                          |               |          |  | 0/5/00           |                 |   | (D.)         | ar.)       |
| Category of Expenditure Reminused Personal Living and Timel Expense Personal Living and Timel Expense Personal Living for Category of Expenditure Reminused Personal Living and Timel Expense Personal Living for Category of Employer (Identify employers, under Irem 3, at bottom of page.)  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No. 4  Employer No. X 9 Employer No. X 10 Employer No   | Boise, ID 83701  |              |                 |                          |               |          | 2/5/08   |                  |                 |   | 1            | ı ` ´      |
| Remburged Fenoral Living and Travel Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services  Total s 0.00 s 0.00 s 0.00 s 0.00 s 0.00 The table of the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page  **When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page  **The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.  **Place**    Amount   Names of Legislators, Public and Executive Officials in Ground in Grou  |  | Totals       | of all reportal | ole expenditures made of | r incurred by | Lobbyist | or by  | Lobbyist's Emplo | yer on behalf   | of Lobby                                | ist's Emplo  | yer.       |
| Employer No. x 9 Employer No. x 1 Employer No. x 1 Employer No. x 1 Employer No. x 2 Employer No. x 3 Employer No. x 3 Employer No. x 4 Employer No. x 2 Employer No. x 2 Employer No. x 3 Employer No. x 4 Employ   | Category of Expenditure Prop   |              |                 |                          |               |          |  |                  |                 |   |              |            |
| Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Services  Total \$ 0.00 \$               | Expenses Pertaining to Lobbying Activity   |              |                 | l .                      | s             |          |  |                  | Employer N      | No. 3 Employer No. 4                    |              |            |
| Advertising Travel Telephone Other Expenses or Services  Total \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00  *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page    The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.    The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.    Amount   Names of Legislators, Public and Executive Officials in Grount  | Entertainment  |              |                 | \$                       | 0.00          | \$_      | 0.00   | \$               | 0.00            | \$                                      | 0.00         |            |
| Travel Telephone Other Expenses or Services  Total \$ 0.00         | Living A   | Accommodat   | ions            |                          |               |          | _  |                  |                 |   |              |            |
| Total \$ 0.00 \$ 0 | Adverti  | sing         |                 |                          |               |          |  |                  |                 | *************************************** | <del>,</del> |            |
| Total S  | Travel   |              |                 |                          |               |          | _  |                  |                 |   |              |            |
| *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page    Item   The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.    Amount   Names of Legislators, Public and Executive Officials in Ground   | Telepho  | one          |                 |                          |               |          | _  |                  |                 |   |              |            |
| *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page    The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.    Date   | Other E  | xpenses or S | ervices         |                          |               |          |  |                  |                 |   |              |            |
| *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page    The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.    Date   |  |              |                 |                          |               |          |  |                  |                 |   |              |            |
| The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.  Date Place Amount Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials.  Item 3  |  |              | Total           | s0.00                    | s             | 0.00     | <b>s</b> _                                       | 0.00             | \$              | 0.00                                    | \$           | 0.00       |
| The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.  Date Place Amount Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials in Ground Names of Legislators, Public and Executive Officials.  Item 3  |  |              |                 |                          | l             |          |  | 1                |                 | ļ                                       |              |            |
| Z   Date   Place   Amount   Names of Legislators, Public and Executive Officials in Ground   |  |              |                 |                          |               |          |  |                  |                 |   |              | on Page 1. |
| INSTRUCTIONS  INSTRUCTIONS  Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.  Item 3 Employer(s) Name(s) and Address(es)  No. 2 Waste Management 915 L Street, Suite 1430, Sacramento, CA 95814   | The state of the s |              |                 |                          |               |          |  |                  |                 |   |              |            |
| INSTRUCTIONS  Item 3 Employer(s) Name(s) and Address(es)  Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.  Employer(s) Name(s) and Address(es)  Waste Management 915 L Street, Suite 1430, Sacramento, CA 95814  Vine Institute, 425 Market St., Suite 1000 San Francisco, CA 94105  |  |              |                 |                          |               |          |  | •                |                 |   |              |            |
| INSTRUCTIONS  Item 3 Employer(s) Name(s) and Address(es)  Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code  Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.  Employer(s) Name(s) and Address(es)  Waste Management 915 L Street, Suite 1430, Sacramento, CA 95814  Violation of the past month.  Wine Institute, 425 Market St., Suite 1000 San Francisco, CA 94105  |  |              |                 |                          |               |          |  |                  |                 |   |              |            |
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| Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.  No. 2 Wine Institute, 425 Market St., Suite 1000 San Francisco, CA 94105   |  |              |                 |                          |               | No       | 915 L Street, Suite 1430, Sacramento, CA 95814   |                  |                 |   |              |            |
| TO BE FUED WITH.   |  |              |                 |                          |               | the No   | No. 2 Wine Institute, 425 Market St., Suite 1000 |                  |                 |   |              |            |
| Ben Ysursa Secretary of State  | Deli i suisa   |              |                 |                          |               | No       | 3  |                  |                 |   |              |            |
| PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282  | PO Box 83720<br>Boise, ID 83720-0080   |              |                 |                          | No            | . 4      |  |                  |                 |   |              |            |

| Item<br>4   |                                       |   |   | mployer in the nature of contributions<br>fficial or for or on behalf of any Legislat   | of money or other tangible or intangible tor, Public or Executive Official.  |  |  |  |  |  |
|---|---------------------------------------|---|---|---|--|--|--|--|--|--|
|   | Date                                  | Amount  | Nan   | ne of Legislator, Public or Executive Official Receiving or Benefiting  |  |  |  |  |  |  |
| 1/11/08 \$500.00 Lloyd Knight  Subject matter of proposed legislation, the number of the Senate |                                       | LEGISLATIVE SUB   | SJECT IDENTIFICATION  |   |  |  |  |  |  |  |
| Subject<br>(from<br>No  | the Lobbyist Code Bill, table) Legisl | I, Resolution or other was supporting or op Resolution or Other lative Ident. Number None | legislative activity in which posing.  Appropriation Bill Number and Section Number  None | Code Subject  01 Agriculture, horticulture, farming, and livestock  02 Amusements, games, athletics and sports  03 Banking, finance, credit and investments  04 Children, minors, youth, senior citizens  05 Church and religion  06 Consumer affairs  07 Ecology, environment, pollution, conservation, zoning, land and water use  08 Education  09 Elections, campaigns, voting, political parties  10 Equal rights, civil rights, minority affairs  11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds  12 Government, county  13 Government, federal  14 Government, municipal  15 Government, special districts  16 Government, state | Code Subject  17 Health service, medicine, drugs and controlled substances, health insurance, hospitals  18 Higher education  19 Housing, construction, codes  20 Insurance (excluding health insurance)  21 Labor, salaries and wages, collective bargaining  22 Law enforcement, courts, judges, crimes, prisons  23 License, permits  24 Liquor  25 Manufacturing, distribution and services  26 Natural resources, forest and forest products, fisheries, mining and mining products  27 Public lands, parks, recreation  28 Social insurance, unemployment insurance, public assistance, workmen's compensation  29 Transportation, highways, streets and roads  30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas  31 Other (please specify) |  |  |  |  |  |
| Item<br>6   |                                       | cess, financial service   | ision, procurement, contract,<br>es or bond lobbyist was                                  | correct statement in accordance w   | That the above is a true, complete and with Section 67-6624 Idaho Code.  |  |  |  |  |  |

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